City of Munroe Falls
43 Munroe Falls Avenue
Munroe Falls, Ohio 44262
330-688-7494 Office
330-686-3601 FAX

Police Department

Chief of Police

LICENSE APPLICATION FOR PEDDLERS, SOLICITORS, CANVASSERS, ITINERANT VENDORS, TRANSIENT DEALERS

LICENSE _____ DATE: _____

NAME _____ AGE _____ BIRTH DATE _____ SEX _____

HT _____ WT _____ HAIR _____ EYES _____ SSN _____ US CITIZEN? Y/N

HOME ADDRESS

_____

CITY STATE ZIP

WORK PHONE _____ CELL PHONE _____

Name of Employer _____ How long have you worked there? ____

Address of Employer _____

Nature of Goods or Services Sold

_____

Other Communities business conducted last 12 months

_____

_____

Previous Residences last 2 years

_____

_____

_____

Automobile

_____

Year Make Model Plate # State

Drivers License # _____ State _____

Have you ever had a solicitors permit revoked? Yes or No If Yes, explain on back of this application.

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BUSINESS INFORMATION SHEET
INCOME TAX DEPARTMENT, MUNROE FALLS

Businesses operating in Munroe Falls are required by law to file an income tax return on an annual basis and withhold 2% of Gross Earnings from employer's wages. These withholdings are remitted to CCA, Division of Taxation, 205 West Saint Claire Avenue, Cleveland, Ohio 44113-1503. This is to be done on a quarterly basis unless the withholding totals more than $500 per quarter, in which case they are remitted monthly. A declaration of estimated net profit must also be filed and quarterly payments made against the estimated tax liability. Your check payable to CCA can be dropped off here at the City of Munroe Falls and we will forward to them.

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To establish the proper income tax accounts, please complete this form (print clearly or type)

FEDERAL IDENTIFICATION NUMBER _____- _____
BUSINESS NAME _____
Attention _____
ADDRESS _____
_____
TELEPHONE: _____
FISCAL YEAR END: _____ (month)

BEGINNING DATE OF MUNROE FALLS OPERATION: _____
NUMBER OF CURRENT EMPLOYEES: _____
ESTIMATED WITHHOLDINGS FOR ONE QUARTER: $ _____
RESPONSIBLE FISCAL OFFICER: _____
TYPE OF ORGANIZATION: Charitable? Yes/No for Profit? Yes/No
Religious? Yes/No Political? Yes/No
Civic? Yes/No Medical? Yes/No Educacional? Yes/No

If you answered Yes to any of the above, a copy of IRS status letter must be provided.

SIGNATURE: _____TITLE _____

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Print name of signer: _____Date _____

If you have any questions regarding your account, please contact the Income Tax Office at 330-688-7491 or CCA Office at 1-800-223-6317.
List proposed dates and times for canvassing:

_____
_____
_____
_____

Reminder: Ordinance states soliciting between hours of 9:00AM–9:00PM

If claiming a fee exemption for charitable, religious, political, civic, medical, and/or educational organization, attach documentation as described in Ohio Revised Code, Section 2915.01 (H), (I), (J) or Ohio Revised Code Section 1716. If additional space is needed to answer any question, attach a sheet of paper with the additional information to this application.

I certify that all the above information is true and accurate to the best of my knowledge. I understand that if I have misstated any of this information, it is cause for revocation of my permit. I further certify that I have not been found guilty of any criminal offenses in the past 7 years. If I do have a criminal conviction, I am attaching a letter explaining the charge, court in which the case was handled and the disposition. I further agree to allow the Munroe Falls Police Department to make whatever checks necessary to verify this application. I hereby authorize the release of any information about myself to the Munroe Falls Police Department.

_____
Signature

_____Approved _____Disapproved

_____ _____
Interim Chief Tony Mancuso Date